

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

|                                |   |                   |             |
|--------------------------------|---|-------------------|-------------|
| PLAINTIFF                      | Wildade Nelson  | COURT CASE NUMBER | 05-11269 NC |
| DEFENDANT                      | Joanne McGann/Commonwealth DMR  | TYPE OF PROCESS   |             |
| <b>SERVE</b><br>➔<br><b>AT</b> | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN |                   |             |
|                                | <del>Joanne McGann</del> Commonwealth DHS - Mental Retardation  |                   |             |
|                                | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  |                   |             |
|                                | 500 Harrison Ave Boston MA 02118  |                   |             |

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Wildade Nelson  
22 Kessler Farm Drive  
Nashua, NH 03063

Number of process to be served with this Form - 285

total of 2

Number of parties to be served in this case

total of 2

Check for service on U.S.A.

2005 SEP - 1 P 2:46

RECEIVED  
U.S. MARSHAL SERVICE  
BOSTON, MA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Phone \* main office 978.774.5000

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

|   |                    |                              |                             |   |                |
|---|--------------------|------------------------------|-----------------------------|---|----------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process<br>1 | District of Origin<br>No. 49 | District to Serve<br>No. 38 | Signature of Authorized USMS Deputy or Clerk<br>Karey Salamea | Date<br>9/1/05 |
|---|--------------------|------------------------------|-----------------------------|---|----------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Maureen McSorley / Legal

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

10/5/05

Time

9:40

am

pm

Signature of U.S. Marshal or Deputy

J. P. V. V. V.

|                      |  |                |                        |                  |                                |                  |
|----------------------|--|----------------|------------------------|------------------|--------------------------------|------------------|
| Service Fee<br>45.00 | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges<br>45.00 | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|----------------------|--|----------------|------------------------|------------------|--------------------------------|------------------|

REMARKS:

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

WILDADE NELSON,  
Plaintiff

SUMMONS IN A CIVIL CASE

V.

JOANNE MCGANN, ET AL.,  
Defendants

CASE

C.A. 05-11269-NG

TO: (Name and address of Defendant)

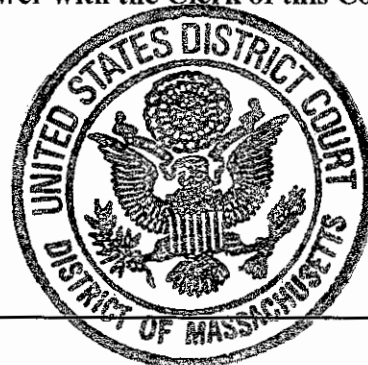
THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF MENTAL RETARDATION

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

WILDADE NELSON, PRO SE

\* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20\* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



SARAH ALLISON THORNTON

CLERK

6/30/05

DATE

*Rebecca Greenberg*  
DEPUTY CLERK